

Address 713 S. 4th St. Date signed 1-26

**WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD**

Dr. Hogan  
Argyle Bldg  
1-4

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. Ross Blanchard

Licensed Embalmer No. 4015

P. O. Address 411 + State Line

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**